FORM PFS PERSONAL FINANCIAL STATEMENT **COVER SHEET** PAGE 1 PAGE# Filed in accordance with chapter 572 of the Government Code. 10 For filings required in 2019, covering calendar year ending December 31, 2018. ACCOUNT # Use FORM PFS--INSTRUCTION GUIDE when completing this form. 00026389 1 NAME TITLE; FIRST; MI OFFICE USE ONLY The Honorable Joseph C. **ELECTRONICALLY FILED** NICKNAME; LAST; SUFFIX 04/16/2019 **Pickett** ADDRESS / PO BOX; 2 ADDRESS APT / SUITE #; CITY; STATE; ZIP Receipt # HD / PM Amount Date Processed X (CHECK IF FILER'S HOME ADDRESS) **TELEPHONE** AREA CODE PHONE NUMBER; EXTENSION Date Imaged NUMBER REASON FOR FILIING STATEMENT CANDIDATE _____ (INDICATE OFFICE) ELECTED OFFICER State Representative Dist 79 (INDICATE OFFICE) APPOINTED OFFICER ______ (INDICATE AGENCY) EXECUTIVE HEAD _____ (INDICATE AGENCY) FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT STATE PARTY CHAIR ______ (INDICATE PARTY) OTHER _____ (INDICATE POSITION) **5** Family members whose financial activity you are reporting (see instructions). SPOUSE ____ DEPENDENT CHILD In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

SOURCES OF OCCUPATIONAL INCOME PART 1A If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. 1 INFORMATION RELATES TO X FILER SPOUSE DEPENDENT CHILD ___ 2 EMPLOYMENT NAME AND ADDRESS OF EMPLOYER / POSITION HELD EMPLOYED BY ANOTHER X (Check if Filer's Home Address) **EMPLOYER SELF** ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **POSITION HELD** NATURE OF OCCUPATION X SELF-EMPLOYED Real Estate Broker INFORMATION RELATES TO X FILER SPOUSE DEPENDENT CHILD **EMPLOYMENT** NAME AND ADDRESS OF EMPLOYER / POSITION HELD X EMPLOYED BY ANOTHER X (Check if Filer's Home Address) **EMPLOYER** State of Texas ZIP CODE ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: POSITION HELD State Representative NATURE OF OCCUPATION SELF-EMPLOYED

STOCK PART 2 If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report. List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. **BUSINESS ENTITY** NAME Pinnacle West Capital Corp. STOCK HELD OR X FILER SPOUSE DEPENDENT CHILD **ACQUIRED BY** 3 NUMBER OF SHARES X LESS THAN 100 100 TO 499 500 TO 999 1,000 TO 4,999 LESS THAN 10K 10,000 OR MORE 4 IF SOLD NET GAIN LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000--OR MORE NET LOSS

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under

which the child is listed on the Co	over Sheet.	
1 SOURCE OF INCOME NAME AND ADDRESS		
Publicly held corporation	Mike Reidland ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3610 Wooster lane	
	El Paso, TX 79936	
2 RECEIVED BY	X FILER SPOUSE DEPENDENT CHILD	
3 AMOUNT	\$500 - \$4,999 \$5,000 - \$9,999 \$10,000 - \$24,999 X \$25,000OR MORE	
SOURCE OF INCOME	NAME AND ADDRESS	
Publicly held corporation	El Paso Technicians ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11150 Montana Ave.	
	El Paso, TX 79936	
RECEIVED BY	X FILER SPOUSE DEPENDENT CHILD	
AMOUNT	\$500 - \$4,999 \$5,000 - \$9,999 \$10,000 - \$24,999 X \$25,000OR MORE	

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1	HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILE)
2	STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS		STREET ADDRESS, INCLU	DING CITY, COUNTY, AND	STATE
3	DESCRIPTION	NUMBE lots	ER OF LOTS OR ACRES AN	ID NAME OF COUNTY WHI	ERE LOCATED
	X LOTS ACRES	El Paso			
4	NAMES OF PERSONS RETAINING AN INTEREST	Penfed Credit Union	1		
	NOT APPLICABLE (SEVERED MINERAL INTEREST)				
5	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,00	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILE)
	HELD OR ACQUIRED BY STREET ADDRESS		STREET ADDRESS, INCLU	DEPENDENT CHILE	
	STREET ADDRESS NOT AVAILABLE		STREET ADDRESS, INCLU		
	STREET ADDRESS		STREET ADDRESS, INCLU		
	STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S	3610 Wooster Lane El Paso, TX 79936	STREET ADDRESS, INCLU		STATE
	STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS DESCRIPTION X LOTS	3610 Wooster Lane El Paso, TX 79936 NUMBE 1.00000 lots	STREET ADDRESS, INCLU	DING CITY, COUNTY, AND	STATE
	STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS DESCRIPTION	3610 Wooster Lane El Paso, TX 79936	STREET ADDRESS, INCLU	DING CITY, COUNTY, AND	STATE
	STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS DESCRIPTION X LOTS	3610 Wooster Lane El Paso, TX 79936 NUMBE 1.00000 lots	STREET ADDRESS, INCLU	DING CITY, COUNTY, AND	STATE
	STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS DESCRIPTION LOTS ACRES NAMES OF PERSONS	3610 Wooster Lane El Paso, TX 79936 NUMBE 1.00000 lots El Paso	STREET ADDRESS, INCLU	DING CITY, COUNTY, AND	STATE
	STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS DESCRIPTION X LOTS ACRES NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL	3610 Wooster Lane El Paso, TX 79936 NUMBE 1.00000 lots El Paso	STREET ADDRESS, INCLU	DING CITY, COUNTY, AND	STATE
	STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS DESCRIPTION X LOTS ACRES NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL	3610 Wooster Lane El Paso, TX 79936 NUMBE 1.00000 lots El Paso	ER OF LOTS OR ACRES AN	DING CITY, COUNTY, AND	STATE

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY X FILER SPOUSE DEPENDENT CHILD 2 STREET ADDRESS STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE	
2 STREET ADDRESS STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE	_
□ NOT AVAILABLE □ CHECK IF FILER'S HOME ADDRESS 11150 Montana Ave El Paso, TX 79936	
3 DESCRIPTION NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots ACRES El Paso	
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST) Nesbitt, Henry (Mr.)	
5 IF SOLD NET GAIN LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,0000	R MORE
HELD OR ACQUIRED BY X FILER SPOUSE DEPENDENT CHILD	
STREET ADDRESS STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 11149 Terrell CHECK IF FILER'S HOME ADDRESS EI Paso, TX 79936	
DESCRIPTION NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots ACRES El Paso	
NAMES OF PERSONS RETAINING AN INTEREST X NOT APPLICABLE (SEVERED MINERAL	
INTEREST)	

INTEREST IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

ELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	D
ESCRIPTION			AND ADDRESS	
	Diekett Beelty	X (Check	if Filer's Home Address)	
	Pickett Realty			
SOLD NET GAIN NET LOSS	LESS THAN \$5,	,000 \$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

l	the child is listed on the Cover S	neet.		
1	ORGANIZATION	Children's Advocacy Cer	nter of El Paso	
2	POSITION HELD	Board member		
3	POSITION HELD BY	X FILER	SPOUSE	DEPENDENT CHILD
	ORGANIZATION	Lee Trevino Improvemer	nt Association	
	POSITION HELD	Board member		
	POSITION HELD BY	X FILER	SPOUSE	DEPENDENT CHILD

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. If you place a check in a box, do NOT include pages for that Part in the report.

6 F	PAR	TS NOT APPLICABLE TO FILER
		N/A Part 1A - Sources of Occupational Income
	Χ	N/A Part 1B - Retainers
		N/A Part 2 - Stock
	Χ	N/A Part 3 - Bonds, Notes & Other Commercial Paper
	Χ	N/A Part 4 - Mutual Funds
		N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
	Χ	N/A Part 6 - Personal Notes and Lease Agreements
		N/A Part 7A - Interests in Real Property
		N/A Part 7B - Interests in Business Entities
	Χ	N/A Part 8 - Gifts
	Χ	N/A Part 9 - Trust Income
	Χ	N/A Part 10A - Blind Trusts
	Χ	N/A Part 10B - Trustee Statement
	Χ	N/A Part 11A - Business Associations
	Χ	N/A Part 11B - Assets of Business Associations
	Χ	N/A Part 11C - Liabilities of Business Associations
		N/A Part 12 - Boards and Executive Positions
	Χ	N/A Part 13 - Expenses Accepted Under Honorarium Exception
	Χ	N/A Part 14 - Interest in Business in Common with Lobbyist
	Χ	N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
	Χ	N/A Part 16 - Representation by Legislator Before State Agency
	Χ	N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
	Χ	N/A Part 18 - Legislative Continuances
	Χ	N/A Part 19 - Contracts with Governmental Entity
	Χ	N/A Part 20 - Bond Counsel Services Provided by a Legislator

e verification page on a personal statement filed electronically dividual required to file the personal financial statement. The verification page on a personal financial statement filed with	Without proper verification, the statement is not considered filed. y with the Texas Ethics Commission must have the electronic signature of the an authority other than the Texas Ethics Commission must have the signature as wells as the signature and stamp or seal of office of a notary public or other covers calendar year ending December 31, 2018, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.
dividual required to file the personal financial statement. The verification page on a personal financial statement filed with the individual required to file the personal financial statement of the individual required to file the personal financial statement of the individual required to file the personal financial statement of the individual required to file the personal financial statement.	I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2018, and is true and correct and includes all information required to be reported by me under chapter
the individual required to file the personal financial statement a	I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2018, and is true and correct and includes all information required to be reported by me under chapter
	covers calendar year ending December 31, 2018 , and is true and correct and includes all information required to be reported by me under chapter
	The Honorable Joseph C. Pickett
	Signature of Filer
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said	, this the day
of, 20, to certify which, witnes	ess my hand and seal of office.
Signature of officer administering oath Printed nam	ne of officer administering oath Title of officer administering oat